



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
<http://hiv.lacounty.gov>

EXECUTIVE COMMITTEE

REVISED MEETING AGENDA

Monday, July 24, 2017 | 1:00pm – 3:00pm

Commission on HIV (COH) Offices
3530 Wilshire Boulevard, Suite 1140
Los Angeles, CA 90010

*All Committee Meetings Will Begin at Their Appointed Times;
Participants Should Make Every Effort to be Prompt and Ready.*

AGENDA ITEMS	MOTION(S)	Reporting/ Presenting Parties	TIMES SCHEDULED
1. Call to Order		B Land/R Rosales, Co-Chairs	1:00pm — 1:02pm
2. Approval of Agenda	MOTION #1	Committee	1:02pm — 1:05pm
3. Approval of Meeting Minutes	MOTION #2	Committee	1:05pm — 1:07pm
4. Public Comment <i>(Non-Agendized or Follow-Up)</i>		Public	1:07pm — 1:10pm
5. Committee Comment <i>(Non-Agendized or Follow-Up)</i>		Commission Members/Staff	1:10pm — 1:13pm
6. Executive Director's Report		C Barrit, MPIA, Executive Director	1:13pm — 1:30pm
A. Ryan White Program Year (RWPY) 27 COH Operational Budget B. COH Co-Chair Open Nominations/Elections C. LAC 2017 Homeless Count Presentation			
7. Co-Chairs' Report		B Land/R Rosales, Co-Chairs	1:30pm — 1:33pm
8. Division of HIV/STD Programs (DHSP) Report		M Pérez, MPH Director, DHSP	1:33pm — 1:45pm
9. Integration Advisory Board (IAB) Report		A Ballesteros, MBA/B Gordon IAB Co-Chairs	1:45pm — 1:50pm

Executive Committee Meeting Agenda

July 24, 2017 | Page 2

AGENDA ITEMS	MOTION(S)	Reporting/ Presenting Parties	TIMES SCHEDULED
10. Standing Committee Reports			
		Committee	1:50pm — 2:45pm
A Planning, Priorities and Allocations (PP&A) Committee A Ballesteros, MBA/J Brown, Co-Chairs (1) RW PY28 Service Categories Priority Rankings MOTION #3 (2) RW PY26 Final Expenditures Review (3) CDC HIV Prevention & Surveillance Notice of Funding Announcement			
B Standards and Best Practices (SBP) Committee J Cadden, MD/G Granados, MSW, Co-Chairs (1) Prevention Standards (2) Housing Standards			
C Operations Committee T Bivens-Davis/K Stalter, Co-Chairs (1) Assessment of the Administrative Mechanism (AAM) (2) Policies and Procedures (3) Membership Management (4) Community Engagement (a) Tier 3 Listening Session Report PPT (5) 2017-18 Training and Orientation			
D Public Policy Committee A Fox, MPM, Co-Chair (1) County Legislative/Policy Issues (2) State Legislative/Policy Issues (3) Federal Legislative/Policy Issues (a) 2017-18 President's Proposed Budget (b) Healthcare Access and Landscape			
11. Caucus, Task Force and Work Group Reports			
		Caucus/TF/WG	2:45pm — 2:55pm
A. Consumer Caucus J Green/Y Sumpter, Co-Chairs B. Women's Caucus B Gordon/Y Salinas, Co-Chairs C. Housing Task Force T Goddard, MA/R Ronquillo, Co-Chairs D. Long Beach Task Force N/A E. CHP Goals and Objectives Work Group G Granados, MSW/K Stalter, Co-Chairs			
12. Next Steps			
		Committee	2:55pm — 2:58pm
A. Tasks/ Assignment Recap			
13. Announcements			
		Committee and Public	2:58pm — 3:00pm
14. Adjournment			
		B Land/R Rosales, Co-Chairs	3:00pm

PROPOSED MOTION(S)/ACTION(S)

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee meeting minutes, as presented.
MOTION #3:	Approve the RW PY 27 Service Categories Priority Rankings, as presented.

Executive Committee Meeting Agenda

July 24, 2017 | Page 2

EXECUTIVE COMMITTEE MEMBERS:

Brad Land, Co-Chair	Ricky Rosales, Co-Chair	Al Ballesteros, MBA	Traci Bivens-Davis
Jason Brown	Joseph Cadden, MD	Raquel Cataldo	Kevin Donnelly
Aaron Fox, MPM	Grissel Granados, MSW	Joseph Green	Mario Pérez, MPH
Kevin Stalter			
QUORUM	7		

ALL AGENDA ITEMS ARE SUBJECT TO ACTION ☐ PUBLIC COMMENT WILL BE INVITED FOR EACH ITEM

The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie. Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge upon request. To arrange for these services, or for additional information about this committee, please contact Dawn McClendon at (213) 639-6716 or dmccclendon@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dawn McClendon al (213) 738-2816 (teléfono), o por fax al (213) 637-4748, por lo menos cinco días antes de la junta.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER

Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

**COMMISSION ON HIV
PROPOSED ADMINISTRATIVE BUDGET
PY 27
(Updated 06/07/2017)**

Budget Item	RW Allocation	NCC Allocation	DPH Allocation	CDC Prevention	PY 27 Budget	COMMENTS
(1) Salaries and Employee Benefits'	691,800	21,900		89,800	803,500	These cost include an Epidemiologist assigned to DHSP as well as all F/T current and anticipated positions and their associated Employee Benefits costs @ a rate of 44.26%.
Subtotal, Other Salary Costs	9,000	-	-	1,000	10,000	Includes Non-Elective Leave, Vacation, and Sick buy back; Translation/Interpretation Bonus
120 -Day Consultant and SPW	58,600	-	-	6,500	65,100	Represent 120 day and SPWII
Subtotal, Salaries and Employee Benefits (\$4EB)	\$ 759,400	\$ 21,900	\$ 21,900	\$ 97,300	\$ 878,600	The total varies from position detail due to rounding
SERVICES AND SUPPLIES (\$&S)						
Travel						
Local	4,600	-	-	400	\$ 5,000	Based on anticipated increase in mileage for attendance to local Housing and Healthcare meetings.
Out-of-Town	5,000	-	-	-	\$ 5,000	This represented Sacramento travel ED and Asst ED, NMAC Conference, Amer Conf for the Treatment of HIV
Subtotal, Travel	\$ 9,600	\$ -	\$ -	\$ 400	\$ 10,000	
Supplies						
Office Supplies	12,245	-	-	3,255	\$15,500	Based on PY 26 expenses
Subtotal, Supplies	\$ 12,245	\$ -	\$ -	\$ 3,255	\$ 15,500	
Other Operating Expenses						
Equipment Rental/Lease/Maintenance	35,000	2,500		12,500	50,000	Based on PY 26 expenses
Printing and Duplication	225	25		250	500	Reduction in line item amount based on PY 26 expenses
Office Space Rental	63,000	4,500		22,500	90,000	Based on 12 months rent at \$7,500 per month
Furniture	-	-		-	-	No furniture purchases anticipated
Parking	17,500	1,250		6,250	25,000	Based on PY 26 expenses
Meeting Room Rental	11,250	-		3,750	15,000	Based on PY 26 expenses- adjusted for change in billing. All food will now be billed to the Revolving Fund.
Telecommunications	16,500	-		16,500	33,000	Based on PY 26 expenses plus \$30,000 for new telephone system based on E.O. estimate
Commissioner Reimbursement	4,000	-		1,000	5,000	Reduced due to large giftcard purchase in PY26
IT Supplies	5,250	350		1,400	7,000	Based on PY 26 expenses
Audio-Visual	28,000	2,000		10,000	40,000	Reduction based on PY 26 expenses
Revolving Fund	32,000	-		8,000	40,000	Due to changes in the billing process for food and PY 26 expenses additional funding is required in this category.
Promotional Expense	-	-		-	-	
Subtotal, Other Operating Expenses	\$ 212,725	\$ 10,625	\$ 10,625	\$ 82,150	\$ 305,500	
Contractual						
Data Collection/Listening Sessions	40,000	-	-	-	40,000	Housing Consultant Services - L. Starr
Needs Assessment	-	-	-	-	-	
Public Awareness	-	-	-	-	-	
Prevention Standards Special Populations	65,000	-	-	-	65,000	Expert panels and consultant for prevention development
Copy-Editing	-	-	-	-	-	
Graphics Design	-	-	-	-	-	
Translation/Interpreting	750	-	250	-	1,000	Commission Community meeting needs
HIV Resource Directory/Outside Consultant	-	-	-	-	-	
Administrative Assessment Mechanism (AAM)	80,000	-	-	-	80,000	Commission training
Curriculum Development	20,000	-	-	-	20,000	Commission training
Comprehensive Training: CHP	45,000	-	15,000	-	60,000	Comprehensive HIV Plan Update
Parliamentarian	8,250	-	2,750	-	11,000	Based on PY 26 expenses
Subtotal, Contractual	\$ 259,000	\$ -	\$ 18,000	\$ 18,000	\$ 277,000	
Subtotal, Services and Supplies (\$&S)	\$ 493,570	\$ 10,625	\$ 103,805	\$ 103,805	\$ 608,000	
Subtotal, Direct Costs	\$ 1,252,970	\$ 32,525	\$ 204,105	\$ 204,105	\$ 1,488,600	
Indirect 15%	\$ 114,000	\$ 3,200	\$ 14,500	\$ 14,500	\$ 131,700	
GRAND TOTAL	\$ 1,366,970	\$ 35,725	\$ 215,605	\$ 215,605	\$ 1,618,300	

Footnotes:
(1) - Funding was modified to reflect a reduce rate of NCC cost base on DHSP meeting on 06/07/17 and definition of advocacy. Additionally cost to monitor the resource directory site and contract have been moved to the direct services proposed budget.
In addition, the cost for a Board Specialist for 7 mos reduced estimated actual Salary and Employee Benefit Cost for this PY.
(2) - The amounts were rounded to the nearest hundred.
(3) - This item has been moved to a separate budget for direct services.
(4) - The 10,000 previously funded under CDC Prevention was changed per DHSP meeting on 06/07/17.

**COMMISSION ON HIV
PROPOSED DIRECT SERVICES BUDGET
PY 27
FY 2017-18
(Updated 06/07/2017)**

Budget Item	PY 27 Budget
Salaries and Employee Benefits ⁽²⁾	39,000
HIV Resource Directory/Outside Consultant	114,000
Marketing Materials	10,000
TOTAL	163,000
Indirect Cost 15%	5,900
Grand Total	168,900

Footnote

- (1) - Per DHSP this expense will be funded through Net County Cost (NCC)
 (2) - S&EB cost previously included in the NCC category of the Commission's Operating Budget.
 Cost include 10% of ED and Asst ED time for contract management, 3% of Mgmt Sec I
 for website/social media updating and 3% of Sr Staff Analyst cost for budgeting and
 expenditure monitoring.

COMMISSION ON HIV
FY 26 ADJUSTED ADOPTED OPERATING BUDGET VS PY 27 PROPOSED OPERATING BUDGET
 (Updated 06/07/2017)

Budget Item	PY 26 Adj Adopted Budget	PY 27 Budget	Variance Over/(Under)	COMMENTS
Salaries and Employee Benefits ⁽¹⁾	702,000	803,500	101,500	This amount includes the cost for the actual F/T positions currently employed by COH and the Employee Benefits @ 44.26% for those positions. Additionally 6 mos of cost are included for a HPA II. This item was requested in the County's 2017-18 Budget Request.
Subtotal, Other Salary Costs	10,000	10,000	-	Includes Non-Elective Leave, Vacation, and Sick buy back; Translation/Interpretation Bonus
120-Day Consultant and SPW	64,000	\$65,100	1,100	Represent 120 day and SPWII
Subtotal, Salaries and Employee Benefits (\$&EB)	776,000	\$878,600	102,600	
SERVICES AND SUPPLIES (\$&S)				
Travel				
Local	5,000	5,000	-	Based on PY 26 expenses \$4,300
Out-of-Town	5,000	5,000	-	This represented Sacramento travel ED and Asst ED; NMAC Conference; Amer Conf for the Treatment of HIV
Subtotal, Travel	10,000	\$10,000	-	
Supplies				
Office Supplies	15,500	\$15,500	-	Based on PY 26 expenses
Subtotal, Supplies	15,500	\$15,500	-	
Other Operating Expenses				
Equipment Rental/Lease/Maintenance	48,500	\$50,000	1,500	Based on PY 26 expenses
Printing and Duplication	5,000	500	(4,500)	Reduction in line item amount based on PY 26 expenses
Office Space Rental	100,000	90,000	(10,000)	Based on 12 months rent at \$7,500 per month
Furniture	5,000	0	(5,000)	No furniture purchases anticipated
Parking	25,000	25,000	-	Based on PY 26 expenses
Meeting Room Rental	45,000	15,000	(30,000)	Based on PY 26 expenses- adjusted for change in billing. All food will now be billed to the Revolving Fund.
Telecommunications	3,000	33,000	30,000	Based on PY 26 expenses plus \$30,000 for new telephone system based on E.O. estimate
Commissioner Reimbursement	20,000	5,000	(15,000)	Reduced due to large giftcard purchase in PY26
IT Supplies	7,000	7,000	-	Based on PY 26 expenses
Audio-Visual	46,000	40,000	(6,000)	Reduction based on PY 26 expenses
Revolving Fund	18,000	40,000	22,000	Due to changes in the billing process for food and PY 26 expenses additional funding is required in this category
Promotional Expense	-	-	-	
Subtotal, Other Operating Expenses	322,500	\$305,500	(17,000)	
Contractual				
Data Collection/Listening Sessions	50,000	\$40,000	(10,000)	Housing Consultant Services - Lois Starr
Needs Assessment	-	-	-	
Public Awareness	-	-	-	
Prevention Standards Special Populations	65,000	65,000	-	Expert panels and consultant for prevention development
Copy-Ediling	-	-	-	
Graphics Design	-	-	-	
Translation/Interpreting	5,000	1,000	(4,000)	Commission Community meeting needs
HIV Resource Directory/Outside Consultant	50,400	-	(50,400)	Moved to a separate budget funded by Net County Costs per DHSP - Defined as a direct service.
Administrative Assessment Mechanism (AAM)	60,000	80,000	20,000	Commission training
Curriculum Development	20,000	20,000	-	Comprehensive HIV Plan Update
Comprehensive Training, CHP	84,000	60,000	(24,000)	Based on PY 26 expenses
Parliamentarian	15,000	11,000	(4,000)	
Subtotal, Contractual	349,400	\$277,000	(72,000)	
Subtotal, Services and Supplies (\$&S)	697,400	\$608,000	(89,400)	
Subtotal, Direct Costs	1,473,400	\$1,486,600	13,200	
Indirect 15%	116,400	\$131,700	15,300	
GRAND TOTAL	1,589,800	\$1,618,300	28,500	

Footnotes:

- (1) - The amount has been rounded to the nearest hundred.
 (2) - This line item has been moved to a separate budget for direct services.



LOS ANGELES COUNTY COMMISSION ON HIV

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Planning, Priorities and Allocations Committee Recommended Service Category Rankings PY 28 (2018-19)

COH 2018-19 Ranking	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
	Medical Subspecialty Services		
	Therapeutic Monitoring Program		
2	Housing	S	Housing
	Permanent Support Housing		
	Transitional Housing		
	Emergency Shelters		
	Transitional Residential Care Facilities (TRCF)		
	Residential Care Facilities for the Chronically Ill (RCFCI)		
3	Mental Health Services	C	Mental Health Services
	MH, Psychiatry		
	MH, Psychotherapy		
4	Medical Care Coordination	C	Medical Case Management (including treatment adherence services)
5	Medical Transportation	S	Medical Transportation
6	Non-Medical Case Management	S	Non-Medical Case Management Services
	Linkage Case Management		
	Benefit Specialty		
	Benefits Navigation		
	Transitional Case Management		
	Housing Case Management		
7	Oral Health Services	C	Oral Health Care
8	Psychosocial Support Services	S	Psychosocial Support Services
9	Outreach Services	S	Outreach Services

COH 2018-19 Ranking	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
10	Nutrition Support	S	Food Bank/Home Delivered Meals
11	Early Intervention Services	C	Early Intervention Services
12	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
13	Home Base Case Management	C	Home and Community Based Health Services
14	Home Health Care	C	Home Health Care
15	Health Education/Risk Reduction	S	Health Education/Risk Reduction
16	Direct Emergency Financial Assistance	S	Emergency Financial Assistance
17	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
18	Referral	S	Referral for Health Care and Support Services
19	Child Care Services	S	Child Care Services
20	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost- Sharing Assistance for Low-income Individuals
21	Hospice	C	Hospice
22	Other Professional Services Legal Services Permanency Planning	S	Other Professional Services
23	Language	S	Linguistics Services
24	Medical Nutrition Therapy	C	Medical Nutrition Therapy
25	Rehabilitation Services	S	Rehabilitation Services
26	Respite	S	Respite Care
27	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance

RYAN WHITE PART A SUMMARY

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COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

RYAN WHITE PART A, PART B AND MAY YEAR 26 EXPENDITURES BY SERVICE CATEGORIES
GRANT YEAR 26 RYAN WHITE PART A FUNDING EXPENDITURES THROUGH FEBRUARY 28, 2017

1	2	3	4	5	6	7
PRIORITY RANKING	SERVICE CATEGORY	FY 16 APPROVED PERCENTAGES	TOTAL ALLOCATIONS BASED ON REVISED PERCENTAGES PARTS A	PART A TOTAL YTD EXPENDITURES	PART A FULL YEAR EXPENDITURES	VARIANCE TOTAL ALLOCATIONS \$ FULL YR. EXPENDITURE (Columns 4 vs. 6)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	30.0%	\$ 10,033,619	8,700,822	8,700,822	\$ 1,332,797
6	CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	3.6%	1,204,034	1,408,716	1,408,716	(204,682)
2	ORAL HEALTH CARE	2.3%	769,244	5,858,769	5,858,769	(5,089,525)
5	MENTAL HEALTH SERVICES - Psychiatry	1.3%	434,790	444,726	444,726	(9,936)
5	MENTAL HEALTH SERVICES - Psychotherapy	4.7%	1,571,934	1,563,642	1,563,642	8,292
4	MEDICAL CASE MANAGEMENT SERVICES - Medical Care Coordination	30.0%	10,033,619	8,389,120	8,389,120	1,644,499
6	CASE MANAGEMENT SERVICES (Non Medical) Linkage Case Management	2.0%	668,908	649,917	649,917	18,991
7	OUTREACH SERVICES	0.0%	-	0	0	-
10	SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAL	6.0%	2,006,724	2,649,333	2,649,333	(642,609)
9	HOUSING SERVICES (RCFCI, TRCF)	13.5%	4,515,129	1,085,596	1,085,596	3,429,533
17	MEDICAL TRANSPORTATION SERVICES	2.1%	702,353	723,697	723,697	(21,344)
12	FOOD BANK/HOME DELIVERED MEALS - Nutrition Support	2.9%	969,917	1,123,106	1,123,106	(153,189)
6	CASE MANAGEMENT SERVICES (Non Medical) Transitional Case Management	0.0%	-	0	0	-
15	HOME AND COMMUNITY BASED HEALTH SERVICES	0.0%	-	667,777	667,777	(667,777)
21	REFERRAL FOR HEALTH CARE / SUPPORT SERVICES	0.9%	301,009	0	0	301,009
18	MEDICAL NUTRITION THERAPY (SPA 1 only)	0.1%	33,445	19,506	19,506	13,939
19	LEGAL SERVICES	0.6%	200,672	160,671	160,671	40,001
11	LINGUISTICS SERVICES	0.0%	-	0	0	-
	SUB-TOTAL DIRECT SERVICES		33,445,398	33,445,398	33,445,398	0
	QUALITY MANAGEMENT (4.78% of Part A award)	100.0%	1,872,973	1,872,973	1,872,973	-
	ADMINISTRATION (Includes COH Budget) (10% of Part A award)		3,924,264	3,924,264	3,924,264	-
	GRAND TOTAL	100.0%	\$ 39,242,635	\$ 39,242,635	\$ 39,242,635	\$ 0

Year 26 Grant funding for Part A is \$39,242,635

Notes:

(a) Allocation amounts for this service category is also funded with Year 2016 Part B funding.

Column 3 - Year 26 Allocation % (These percentages represents the current COH approved percentages for Ryan White Year 26 allocations).

Column 4 - Total Allocations: The Ryan White Part A Year 26 award is \$39,242,635

Column 5 - The Total Year To Date (YTD) Part A Expenditures represents actual reimbursements/payments made to subcontracted agencies/vendors as of the date identified on this report.

Column 6 - Total Full Year expenditures represents costs through the end of the grant funding term.

Column 7 - Represents the variances between the allocation amounts for each service category (Column 4) and the full year expenditures for each service category (Column 6).

Ryan White Part B Summary

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COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

RYAN WHITE PART A, PART B AND MAY YEAR 26 EXPENDITURES BY SERVICE CATEGORIES

GRANT YEAR 26 RYAN WHITE PART B FUNDING EXPENDITURES THROUGH MARCH 31, 2017

1	2	3	4	5	6	7
PRIORITY RANKING	SERVICE CATEGORY	FY 26 APPROVED PERCENTAGES	TOTAL ALLOCATIONS BASED ON REVISED PERCENTAGES PART B	PART B TOTAL YTD EXPENDITURES	PART B FULL YEAR EXPENDITURES	VARIANCE TOTAL ALLOCATIONS VS. FULL YR. EXPENDITURE (Columns 4 vs 6)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	30.0%				-
6	CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	3.6%				-
2	ORAL HEALTH CARE	2.3%				-
5	MENTAL HEALTH SERVICES - Psychiatry	1.3%				-
5	MENTAL HEALTH SERVICES - Psychotherapy	4.7%				-
4	MEDICAL CASE MANAGEMENT SERVICES - Medical Care Coordination	30.0%				-
6	CASE MANAGEMENT SERVICES (Non Medical) Linkage Case Management	2.0%				-
7	OUTREACH SERVICES	0.0%				-
10	SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAL	6.0%				-
9	HOUSING SERVICES (RCFCL, TRCF)	13.5%	2,430,000	2,430,000	2,430,000	-
17	MEDICAL TRANSPORTATION SERVICES	2.1%				-
12	FOOD BANK/HOME DELIVERED MEALS - Nutrition Support	2.9%				-
6	CASE MANAGEMENT SERVICES (Non Medical) Transitional Case Management	0.0%				-
15	HOME AND COMMUNITY BASED HEALTH SERVICES	0.0%				-
21	REFERRAL FOR HEALTH CARE / SUPPORT SERVICES	0.9%				-
18	MEDICAL NUTRITION THERAPY (SPA 1 only)	0.1%				-
19	LEGAL SERVICES	0.6%				-
11	LINGUISTICS SERVICES	0.0%				-
	SUB-TOTAL DIRECT SERVICES	100.0%	\$ 2,430,000	\$ 2,430,000	\$ 2,430,000	-
	QUALITY MANAGEMENT		0	0	0	-
	ADMINISTRATION (10% of Part B award)		270,000	270,000	270,000	-
	GRAND TOTAL	100.0%	\$ 2,700,000	\$ 2,700,000	\$ 2,700,000	-

Year 26 revised State allocation for Part B is \$2,700,000.

\$ 2,700,000
\$ -

Notes:

Columns 3 - Year 26 Allocation % (These percentages represents the current COH approved percentages for Ryan White Program Year 26 allocations).

Column 4 - Total Allocations: The Ryan White Part B Year 26 award is \$2,700,000.

Column 5 - The Total Year To Date (YTD) Part B Expenditures represents actual reimbursements/payments made to subcontracted agencies/vendors as of the date identified on this report.

Column 6 - Total Full Year expenditure represents costs through the end of the grant funding term.

Column 7 - Represents the variances between the allocation amounts for each service category (Column 4) and the full year expenditures for each service category (Column 6).

RYAN WHITE MAI SUMMARY

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

RYAN WHITE PART A, PART B AND MAI YEAR 16 EXPENDITURES BY SERVICE CATEGORIES
GRANT YEAR 16 RYAN WHITE MAI FUNDING EXPENDITURES THROUGH FEBRUARY 28, 2017

1	2	3	4	5	6	7
PRIORITY RANKING	SERVICE CATEGORY	FISCAL YEAR 16 MAI ALLOC. %	TOTAL ALLOCATION MAI FISCAL YEAR 16	MAI FISCAL YEAR 16 TOTAL YTD EXPENDITURES	MAI FISCAL YEAR 16 FULL YEAR EXPENDITURES	VARIANCE TOTAL ALLOCATIONS S, FULL YR. EXPENDITURE (Columns 4 vs. 6)
1	OUTPATIENT/AMBULATORY MEDICAL CARE		\$ -	\$ -		\$ -
6	CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	-	-			0
2	ORAL HEALTH CARE	-				0
5	MENTAL HEALTH SERVICES - Psychiatry					0
5	MENTAL HEALTH SERVICES - Psychotherapy					0
4	MEDICAL CASE MANAGEMENT SERVICES - Medical Care Coordination	-				0
6	CASE MANAGEMENT SERVICES (Non Medical) Linkage Case Management					0
7	OUTREACH SERVICES	10.5%	632,378	1,219,536	1,219,536	(587,158)
10	SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAL					0
9	HOUSING SERVICES (RCFCL, TRCF) (a)	63.3%	3,812,333	1,677,088	1,677,088	2,135,245
17	MEDICAL TRANSPORTATION SERVICES					0
12	FOOD BANK/HOME DELIVERED MEALS - Nutrition Support					0
6	CASE MANAGEMENT SERVICES (Non Medical) Transitional Case Management	21.1%	1,270,778	617,540	617,540	653,238
15	HOME AND COMMUNITY BASED HEALTH SERVICES					0
21	REFERRAL FOR HEALTH CARE / SUPPORT SERVICES					0
18	MEDICAL NUTRITION THERAPY (SPA 1 only)					0
19	LEGAL SERVICES					0
11	LINGUISTIC SERVICES	5.1%	307,155	218,269	218,269	88,886
	SUB-TOTAL DIRECT SERVICES	100.0%	6,022,643	3,732,433	3,732,433	2,290,210
	ADMINISTRATION (10% of MAI Year 16 award)		337,179	337,179	337,179	0
	GRAND TOTAL	100.0%	\$ 6,359,822	\$ 4,069,612	\$ 4,069,612	\$ 2,290,210

The total MAI funding for Year 26 includes \$3,371,793 for Year 26 and \$2,988,029 in rolled over Year 25 underspending.

\$ 6,359,822
\$ 2,290,210

Notes:

(a) Allocation amounts for this service category are also funded with Year 2016 Part A and Part B funding.

Column 3 - Year 26 Allocation % approved by the COH.

Column 4 - Total grant allocations for the Ryan White Year 16 MAI award is \$3,371,793 plus \$2,988,029 in Ryan White Year 15 roll over funding (\$3,371,793 + \$2,988,029 = \$6,359,822).

Column 5 - The Total Year To Date (YTD) Expenditures represents actual reimbursements/payments made to subcontracted agencies/vendors as of the date identified on this report.

Column 6 - Total Full Year expenditures represents costs through the end of the grant funding term.

Column 7 - Represents the variances between the allocation amounts for each service category (Column 4) and the full year expenditures for each service category (Column 6).

SUMMARY - ALL FUNDING SOURCES

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT
RYAN WHITE PART A, PART B AND MAI YEAR 26 EXPENDITURES BY SERVICE CATEGORIES
GRANT YEAR 26 RYAN WHITE AND OTHER FISCAL YEAR 16/17 FUNDING EXPENDITURES

2	3	4	5 (*)	6 (*)	7 (*)	8	9	10
SERVICE CATEGORY	FY 26 REVISED PARTS A&B PERCENTAGES	ALLO. PARTS A, B and MAI (Column 5 Pgs. 1, 2, & Column 4, page 3)	OTHER CONTRACTED FUNDING NCC FY 2016/17	OTHER CONTRACTED FUNDING STATE FY 2016/17	OTHER CONTRACTED FUNDING CDC 2016	TOTAL OTHER FUNDING (Cols 5 thru 7)	TOTAL ALL FUNDING COMMITTED (Columns 4 + 8)	VARIANCE TOTAL ALLOC. (Col 4) VS. TOTAL ALL FNDG/COMMIT (Col 9) (Columns 4 vs. 9)
OUTPATIENT/ AMBULATORY MEDICAL CARE	30.0%	\$ 10,033,619	\$ 400,000	\$ 80,000		\$ 480,000	\$ 10,513,619	\$ (480,000)
CASE MANAGEMENT SERVICES (Non Medical) - Benefits Specialty	3.6%	1,204,034				0	1,204,034	0
ORAL HEALTH CARE	2.3%	769,244				0	769,244	0
MENTAL HEALTH SERVICES, PSYCHIATRY	1.3%	434,790				0	434,790	0
MENTAL HEALTH SERVICES, PSYCHOTHERAPY	4.7%	1,571,934				0	1,571,934	0
MEDICAL CASE MGMT SVCS - MEDICAL CARE COORDINAT	30.0%	10,033,619	234,044			234,044	10,267,663	(234,044)
CASE MANAGEMENT SERVICES - LINKAGE CASE MANAGE	2.0%	668,908		-		0	668,908	0
OUTREACH SERVICES	0.0%	632,378				0	632,378	0
SUBSTANCE ABUSE TREATMENT SERVICES - RESIDENTIAL	6.0%	2,006,724		2,200,000		2,200,000	4,206,724	(2,200,000)
HOUSING SERVICES	13.5%	10,757,462				0	10,757,462	0
MEDICAL TRANSPORTATION SERVICES	2.1%	702,353	51,000			51,000	753,353	(51,000)
FOODBANK HOME DELIVERED MEALS - NUTRITION SUPP	2.9%	969,917	150,000			0	969,917	0
CASE MANAGEMENT (NON MEDICAL) TRANSITIONAL CAS	0.0%	1,270,778	150,000			150,000	1,420,778	(150,000)
HOME AND COMMUNITY BASED HEALTH SERVICES	0.0%	-	1,320,000			1,320,000	1,320,000	(1,320,000)
REFERRAL FOR HEALTH CARE / SUPPORT SERVICES	0.9%	301,009				0	301,009	0
MEDICAL NUTRITION THERAPY	0.1%	33,445	6,800			6,800	40,245	(6,800)
LEGAL SERVICES	0.6%	200,672	50,000			50,000	250,672	(50,000)
LINGUISTICS SERVICES	0.0%	307,155	71,000			71,000	378,155	(71,000)
SUB-TOTAL DIRECT SERVICES	100.0%	\$ 41,898,041	\$ 2,282,844	\$ 2,280,000	\$ -	\$ 4,562,844	\$ 46,460,885	\$ (4,562,844)
QUALITY MANAGEMENT		1,872,973	0	0	0	0	1,872,973	0
ADMINISTRATIVE SERVICES		4,531,443	4,500,000	163,000		4,663,000	9,194,443	(4,663,000)
GRAND TOTAL	100.0%	\$ 48,302,457	\$ 6,782,844	\$ 2,443,000	\$ -	\$ 9,225,844	\$ 57,528,301	\$ (9,225,844)

Note: Cols 5 & 6 - The Ambulatory Outpatient Medical allocation for subcontracted agency's in Column 5 represents the enhanced AOM rates for some providers for meeting program objectives, Column 6 represents an estimate of DHSP's administrative costs for ADAP coordination.

(*) Columns 5, 6 and 7 reflects the estimated contract expenditure amounts and can be adjusted for contract increases, reductions or contract terminations.

Note: column 10 Variance of Total Allocation Part A, Part B and MAI Year 26 vs. Total All Contracts/Commitments - if the variance amount is a negative number, this means that the contracts/commitments exceeds the Part A, Part B or MAI Year 26 available funding. Expenditures that exceeds grant funding will be offset with Net County Cost, State or CDC funding.

Integrated HIV Surveillance and Prevention Funding for Health Departments

A Cornerstone for National HIV Prevention

The Centers for Disease Control and Prevention (CDC) has renewed and strengthened its flagship funding program to support HIV surveillance and prevention efforts led by health departments in states, territories, and selected counties and cities. This new funding opportunity – which integrates CDC’s HIV surveillance and prevention programs for the first time – is the agency’s largest single investment in HIV surveillance and prevention and will be the cornerstone of national prevention efforts for the next five years.

CDC designed this funding opportunity to take full advantage of recent advances in surveillance data collection and HIV prevention, and maximize the impact of every federal prevention dollar. The nation is already making significant progress in HIV prevention: the number of annual infections has declined significantly in recent years, and more people than ever know their HIV status.

The new funding opportunity will accelerate the nation’s progress toward a goal of no new infections through two central priorities:

- **Ensure that all people living with HIV are aware of their infection and successfully linked to medical care and treatment to achieve viral suppression.** Effective treatment not only preserves the health of people living with HIV, it dramatically lowers their risk of transmitting the virus to others, making it one of the most powerful HIV prevention strategies available. CDC and its health department partners use available surveillance data to expand HIV testing and diagnosis, promptly link people to medical care when they receive a diagnosis, and re-connect them to care if they have fallen out. CDC research indicates that, by doing so, roughly 9 in 10 new infections can be prevented.
- **Expand access to pre-exposure prophylaxis (PrEP), condoms, and other proven strategies for people at high risk of becoming infected.** PrEP, in particular, could have a major impact in further reducing new infections but must be more readily available in the communities most affected by HIV.

First-year awards under this funding opportunity will total about \$400 million, which is approximately level with current funding. Applications will be due on September 13, 2017, and the new funding cycle will begin on January 1, 2018. The program was informed by input from many partners and stakeholders, including the National Alliance of State & Territorial AIDS Directors (NASTAD), the Council of State and Territorial Epidemiologists (CSTE), Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), individual state and local health departments, and advocates.

Quick Facts

Eligibility:

- Health departments in all 50 states, D.C., Puerto Rico, and the Virgin Islands
- Local health departments serving Baltimore City, Chicago, Fulton County, Houston, Los Angeles County, Philadelphia, New York City, and San Francisco

Expected number of awards: 61

Minimum award amount: \$1 million

Application deadline: Sept. 13, 2017

Estimated start date: Jan. 1, 2018



Integrating HIV Surveillance and Prevention

For the first time, CDC is combining core HIV surveillance and prevention activities. This change is intended to help health departments plan and execute more efficient, integrated, and data-driven prevention efforts, and was strongly supported by stakeholders.

HIV surveillance and prevention activities are already increasingly linked at the state and local levels. For example, a growing number of health departments are implementing Data to Care, a CDC-supported public health strategy that uses routinely collected HIV surveillance and other data to identify and follow up with people who have received HIV diagnoses, but who are not in care or who have persistently elevated viral loads. Ensuring that everyone with HIV is aware of their infection and receiving the treatment they need to remain virally suppressed is a core focus of CDC's High-Impact Prevention strategy.

Directing Resources Where They're Needed Most

To maximize impact, this funding opportunity fully aligns CDC's HIV surveillance and prevention funding with the current geographic distribution of HIV. Funding will be apportioned to each eligible state, territory, or directly funded city based on the number of people living with diagnosed HIV in that jurisdiction as of 2014, the most recent year for which complete data are available. Since CDC's current funding to health departments is based on 2008 data, allocations will shift to reflect changes in the geographic burden of HIV during that six-year span.

In addition, allocations will now be based on the most recent known address for each person living with HIV rather than their residence at the time they were first diagnosed, to account for geographic mobility. Recent improvements in data collection and reporting have made this change possible.

With this new funding opportunity, CDC is also taking steps to sustain core HIV surveillance and prevention capacity even in areas where the burden of HIV infections is relatively low. Every eligible jurisdiction will be allocated a minimum of \$1 million – \$150,000 for surveillance and \$850,000 for prevention activities. (CDC currently provides a minimum of \$120,000 for surveillance and \$750,000 for prevention programs.) This change reflects input from health departments and national organizations that represent them.

As a result of these changes, most health departments will receive increased funding – including many located in the South, which is now the most heavily affected region in the United States. Some with decreased HIV burden will receive less, and CDC will provide technical assistance to ensure a smooth transition.

Building on Success in HIV Prevention

CDC's HIV surveillance and prevention funding to communities has helped drive down new infections nationally. In 2015 alone, this funding enabled state, territorial, and local health departments to:

- Provide nearly 3 million HIV tests
- Diagnose 11,500 people with HIV
- Connect, or re-connect, more than 10,000 people living with HIV to appropriate medical care
- Provide risk-reduction interventions to nearly 50,000 people at high risk for or living with HIV
- Further strengthen data collection and reporting so that 37 states and the District of Columbia now report critical information on the care outcomes of people living with HIV

Prioritizing High-Impact Prevention Strategies

In keeping with CDC's High-Impact Prevention approach, this funding opportunity prioritizes proven, cost-effective prevention strategies with the greatest potential to reduce new HIV infections. Examples include:


- **HIV testing and diagnosis efforts**, informed by lessons from intensive testing efforts supported over the last several years by CDC's current health department funding
- **Expanded use of Data to Care and other innovative approaches** to ensure people with HIV are engaged in medical care over the long-term and achieving viral suppression
- **Increasing PrEP awareness and availability** for communities most likely to benefit, such as gay and bisexual men of color and transgender people of color
- **Supporting community-level prevention activities** including condom distribution, syringe services programs, and social marketing campaigns
- **Identifying and responding to HIV transmission clusters and outbreaks**, through standard surveillance combined with cutting-edge molecular diagnostic techniques

Health departments will continue to have significant flexibility to allocate funds according to local needs.

More Information

For detailed information on this funding opportunity, including available technical assistance for health departments, visit <https://www.cdc.gov/hiv/funding/announcements/ps18-1802>

2017
LISTENING SESSIONS HIGHLIGHTS
TIER 3
LOS ANGELES COUNTY COMMISSION ON HIV



PROCESS HIGHLIGHTS

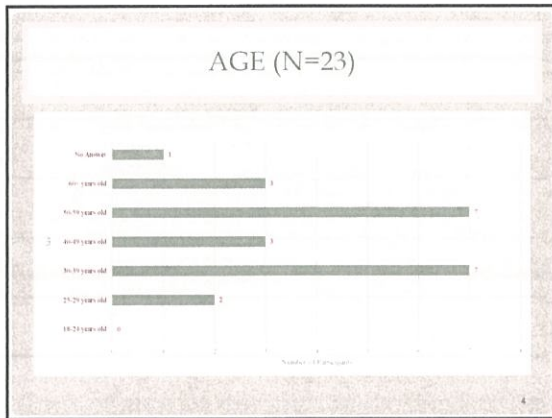
- Multiple Community Engagement Workgroup meetings to review data opportunities and gaps.
- Identified priority populations and recognized importance of creating opportunities to hear from the broader community.
- Purpose is to engage the community, inform the Commission's work, and understand community needs.

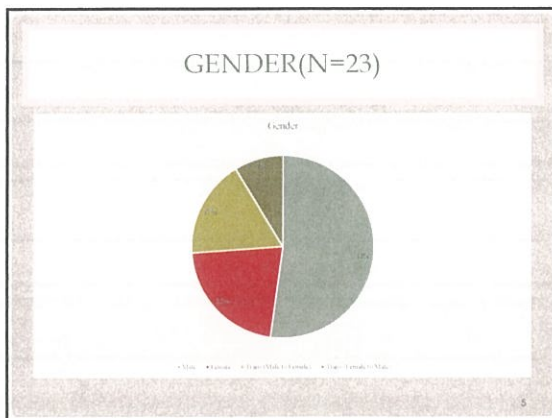
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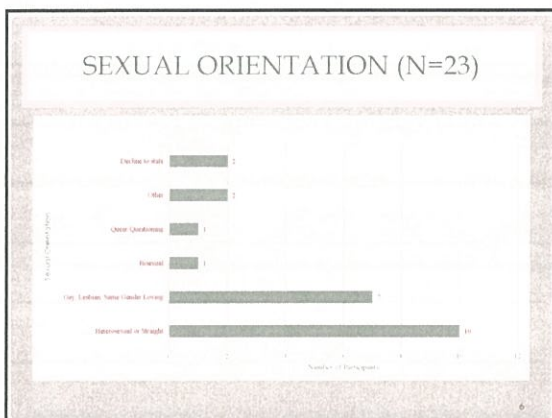
TARGET GROUPS

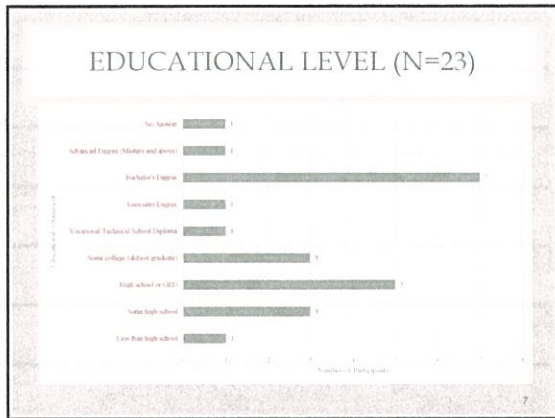
Group 1	Group 2	Group 3
Undocumented (Spanish)	Spanish-Speaking Women of Color	Asians/Pacific Islanders (16)
Women of Color	Teen Youth (13-17yrs)	Trans-Masculine Individuals (2)
Older Adults (50+)	Native Americans	Recently Post-Incarcerated (1)
Service Planning Area 1		25-29 Years Old (4)
		HIV Workforce (24)

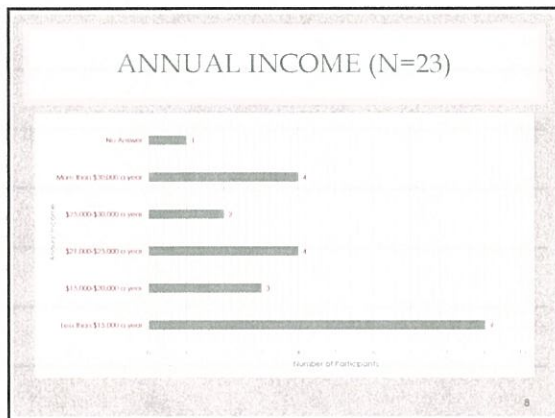
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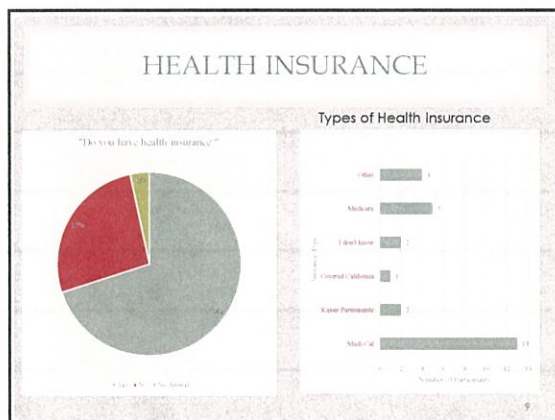




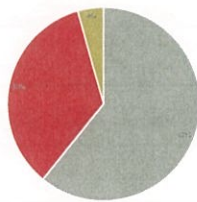








"Have you ever been told that you have HIV?"

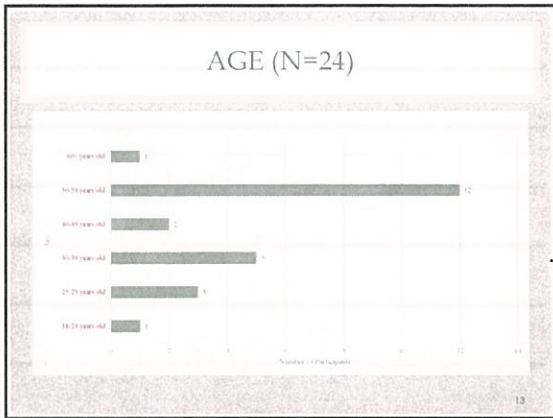


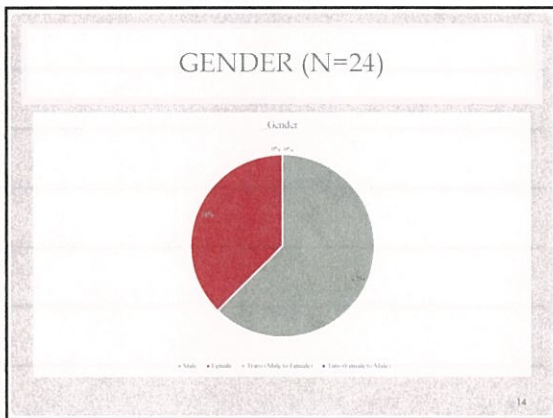
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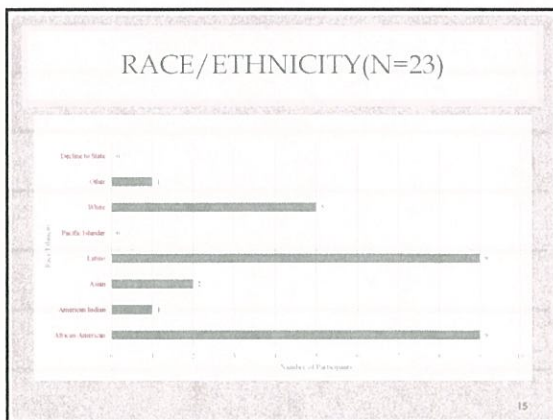
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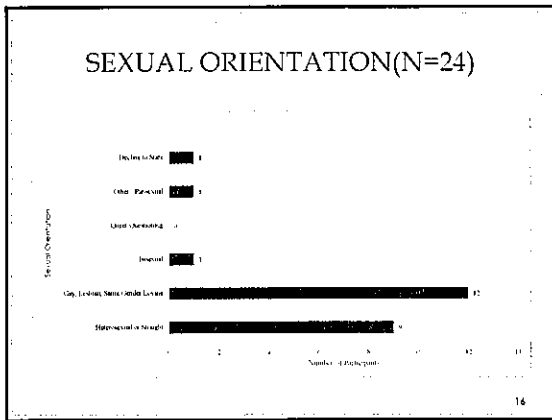
HIV WORKFORCE (N=24)

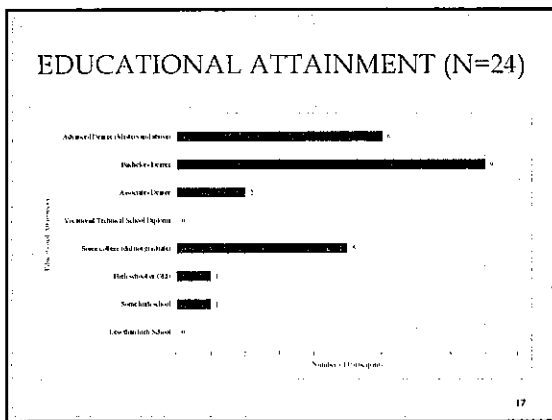
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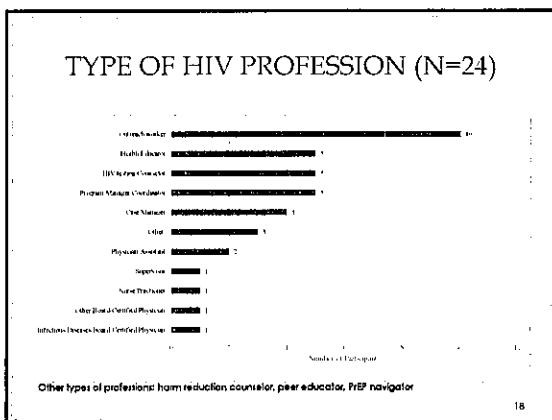


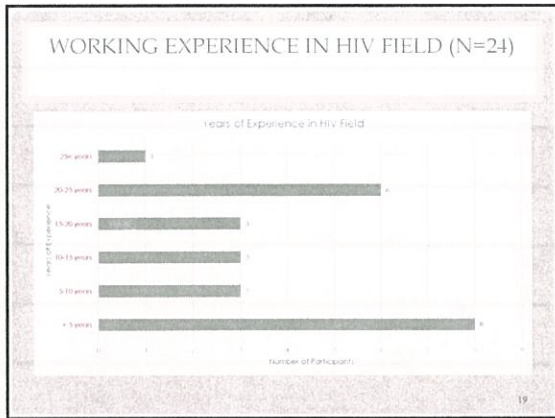


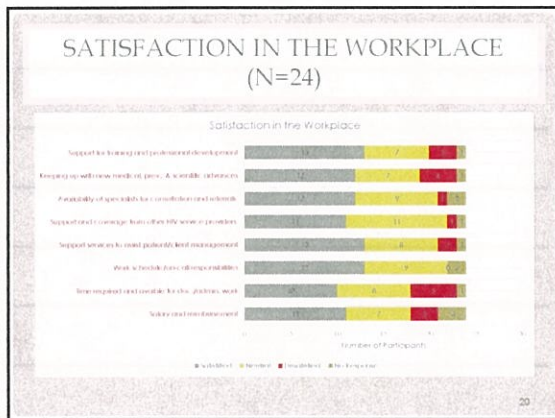


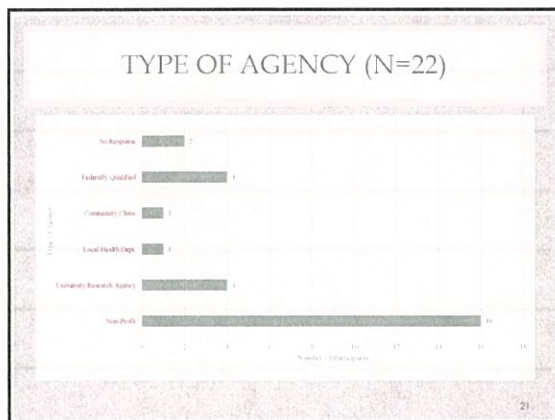




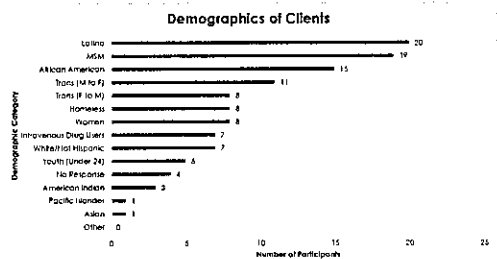








DEMOGRAPHIC CHARACTERISTICS OF CLIENTS SERVED (N=22)



EXPERIENCES OBTAINING HIV PREVENTION SERVICES

- Difficulty accessing various services and concerns over losing access to services they were currently receiving.
- Do not know where to receive testing for sexually transmitted infections (STI) even though they were insured.
- Many felt that primary care providers should take more responsibility in promoting and making STI testing accessible to their patients.

EXPERIENCES OBTAINING HIV PREVENTION SERVICES

- Outreach and education was also mentioned to increase knowledge about where resources exist, specifically testing resources as prevention, as well as the need for comprehensive prevention efforts
- Participants across subpopulations also mentioned the importance of prevention through creating a safe dialogue about sex and sexual health in various aspects of the public.
- Safe dialogue could be used to inform, empower, and educate both HIV positive and others about how to protect their health and the health of their partners and loved ones.

BARRIERS TO ACCESSING MEDICATION INCLUDING PREP AND PEP

- Some of the barriers to "on demand" access to HIV medication and PrEP discussed were cost, awareness/knowledge (among both users and physicians) and insurance bureaucracy.
- HIV workforce participants indicated the need to educate non-physician health care staff in hospitals and large clinics, as well as "front line" physicians and staff at small, community clinics.
- Not enough PrEP/PEP providers in different locations throughout LAC.

25

CONDOM USE

- Participants mentioned that oftentimes there is a lack of use or resistance to the use of condoms for a variety of reasons.
- Some participants felt that individuals on PrEP felt that condoms were less important for them.
- Others either disliked condoms or felt that they were either ineffectual for their lifestyle or type of sexual activity.

26

UNAWARE/UNINFORMED/ UNDERINFORMED

- A prominent theme regarding the prevention of HIV infection was that many people are still widely under-informed about sex education, HIV/AIDS
- Great need for general education and outreach.
- Among both the Trans-Masculine and Asian-Pacific Islander groups, participants mentioned that they do not see messages or illustrations targeting these aspects of their identities; they do not receive the information.
- Recurrent theme from previous listening sessions

27

EXPERIENCES OBTAINING HIV-SPECIFIC CARE

- Participants reported having to utilize more than one clinic to receive the breadth of services they needed.
- Transportation and time cited as barriers
- Often patients' schedules made it difficult to attend appointments.
- Issues with their care providers, such as their doctor changing or unpleasant interactions with their providers.

28

HOW CULTURE INFLUENCES HIV PREVENTION AND CARE

- Among Asian Pacific Islanders one of the key factors influencing the decision to disclose is a desire to protect the family from shame. The fear of bringing dishonor to the family has made the discussion of sexual orientation and HIV or other sexually transmitted disease (STD) status taboo subjects.
- Among lesbians and transgender men preventative services and education were not easily accessible or they felt excluded, even if they are engaged in high-risk activities.

29

HOW CULTURE INFLUENCES HIV PREVENTION AND CARE

- Stigma is present across all cultures. However, participants perceived it to be more prevalent in certain cultures or communities.
- Notably they would name their own culture as being more stigmatizing.

30

HOW CULTURE INFLUENCES HIV PREVENTION AND CARE

- Participants from the workforce acknowledge that gay men and adolescents are increasingly at risk for HIV and STI/STDs due to lack of culturally relevant education for them as well as high risk behavior.
- High risk behavior is fueled by the "app culture". However, they believe that preventive care and education should be available to all cultural groups.

31

ACCESSING HEALTH SERVICES: INSURANCE RELATED ISSUES

- Participants critiqued the Medi-Cal system for lacking consistency and transparency.
- Providers of health services describe similar obstacles when dealing with Medi-Cal. In particular they described difficulty communicating with Medi-Cal representatives and that they often feel they are sending clients into a "lion's den" of bureaucracy when they are forced to interact with Medi-cal representatives.

32

ISSUES RELATING TO HIV STATUS

- Stigma and discrimination remains one of the biggest barriers people living with HIV face.
- Largely due to stigma, people who are positive sometimes live in fear of disclosing their status, while those who are negative are discouraged from accessing preventive care in fear of being associated with HIV.
- In spite of the barriers people living with HIV face, participants also expressed hope and thankfulness for treatments that now exist.

33

HOUSING AS A SOCIAL DETERMINANT OF HEALTH AND HIV

- Homelessness creates barriers to accessing HIV care services as well as heightening the risk for contracting HIV.
- Several healthcare workers articulated that their patients cannot prioritize their HIV treatment if they do not know where they are going to sleep or what they are going to eat.
- One speaks of their female clients who use meth to stay awake and vigilant at night because they feel unsafe sleeping outdoors, another noted that patients sell their HIV medications to survive.

34

SUGGESTIONS TO IMPROVE HEALTHCARE RELATED TO HIV/STDs

- Consistency, or lack thereof, of their doctors. They requested being informed if their doctor was leaving the practice.
- A wider range of availability to access mental health services.
- Participants from various sessions requested services more supportive of the transgender population including sexual health education, practitioner awareness, and funding for non-traditional sexual relationships.

35

SUGGESTIONS TO IMPROVE HEALTHCARE RELATED TO HIV/STDs

- Comprehensive Clinical Services
- There were several comments centered on the inconvenience of needing to visit several different clinics to meet all of one's health care needs and the potential insurance problems this could initiate.

36

SUGGESTIONS TO IMPROVE SERVICES TO PREVENT HIV

- Due to the low levels of awareness, focus group participants mentioned the high need for outreach and education as prevention to occur in many locations, utilizing multiple and wide reaching communication methods.
- Prevention within schools was specifically mentioned as an ideal place to spread awareness and information on the topic of HIV.
- Increased testing-more informed doctors, more sites and mobile units, more access points
- Continued relevance of print sources

37

NEXT STEPS

- Thank you
- Operations Committee will spearhead community engagement efforts
- Report information back to the participants and community-at-large
- Incorporate relevant information into CHP

38
